,		7AR1000NR ARKANSAS INDIVIDUAL INCOME Nonresident and Part Year R	TAX RETURN Resident				N		
	I	FIRST NAME AND INITIAL <i>(List both if applicable)</i>	I LAST NAM	ME(S) (See Instruction	ns)	YOUR SOCIAL SECURI	ITY NUMBER		
USE LABEL PRINT OR TYPE	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT NUMBER OR RURAL ROUTE					SPOUSE SOCIAL SECURITY NUMBER			
	I	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE	HOME TELEPHONE:  WORK TELEPHONE:						
	A	TTACH A COPY OF YOUR COMPLETE FEDERAL RETUR	NONRESIDI	ENT: <i>(List State of resi</i>	idence)	PART YEAR RESIDENT: (Tim	ne of residency in AR)		
FILING STATUS Check Only One Box		MARRIED FILING JOINT: (Even if only one had income)  HEAD OF HOUSEHOLD: (See Instructions)  If the qualifying person is your child but not your dependent, enter this child's name here:		5.1 MARRIE  (Enter sy 6.1 QUALIF  (Year spo	D FILING SEPARATELY C D FILING SEPARATELY C pouse's full name here an YING WIDOW(ER): with di puse died): 19	ON DIFFERENT RETURNS  d SSN above) ependent child (See Instructions).	:		
PERSONAL CREDITS	7A. 7B. 7C.	YOURSELF   65 or OVER   65 SPECIAL   SPOUSE   65 or OVER   65 SPECIAL   First name(s) of dependent(s): (Do not list yourself or spouse)	BLIND   [ BLIND   [ Multiply numb Multiply numb Multiply numb	DEAF HEAD ( DEAF QUALIF eer of boxes checked eer of dependent(s)	orm 4868. (See Instructions).  OF HOUSEHOLD/ FYING WIDOW(ER)  d from Line 7A  from Line 7B	x 20.00 = 1 x 500.00 =	= 00		
1099s.	/D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C.) (Enter total	i nere and on Line	43)	A YOUR TOTAL INCOME	B SPOUSE INCOME STATUS 4 ONLY	C ARKANSAS INCOME ONLY		
	9A.	Wages, salaries, tips, etc	00		00	0	00 00		
check on W-2s/1099s.	10. 11.	Minister's income: Gross \$Less rental value \$			00	0 (	00 00 00		
99 ⊑	14.	Alimony and separate maintenance received:	14	000	0 (	00     00       00     00       00     00			
Attach W-2s/1099s here / Pla	17. 18.	Capital gain distributions not reported on Line 15:  Other gains or (losses): (Attach Federal Form 4797)  IRA distributions and fully taxable annuities:	17	00	0 (	00         00           00         00           00         00			
		Employer sponsored pension plan: (Your/joint gross amount)	00	Less \$6,000 19A Less \$6,000 19B ions).			00 00		
	21.	Rents, royalties, partnerships, estates, trust, etc. (Attach Federal Schedule E)     Farm income: (Attach Federal Schedule F)  Other income: (List type and amount. See Instructions).			00	0	00 00 00 00 00 00		
	25. 26.	Payments to IRA and MSA (See Instructions for limitation Contributions to Intergenerational Trust: (See Instructions).  Moving expenses: (Attach Federal Form 3903 or 3903F)	ns)		000	0 0	00 I 00 00 00 00 00		
ADJUSTMENTS	28.	Self-employed health insurance deduction:  KEOGH and Self-employed SEP and SIMPLE Plans:  Forfeited interest penalty for premature withdrawal:  Alimony-separate maintenance paid to: Name:SSN:			00	0 0	00 00 00 00 00 00		
	31. 32	Border city exemption: (Attach Form AR-TX)		31 32	000	)   0	00 I 00 00 I 00		

34. ADJUSTED GROSS INCOME: (Subtract Line 33 from Line 23)....

							A your	INICOME		B CDOLLCE INCOME C	TATUE A ONLY
	25	AD HISTED CDOSS INCOME. /F	a 24 Calumna 4 1 D. D.	aaa ND1\		٥٢	n YUUR	INCOME	25	B SPOUSE INCOME S	
		35. ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page 36. Itemized deductions: (Attach AR3. Enter total from Lines 27 or 28B ar						-	35	-	00
_									36ı		00
₽		NET TAXABLE INCOME: (Subtract Line 3	•						37 і		00
TAX COMPUTATION	38.	Select tax table: (Enter tax from table)				38		00	38		00
₹	LOW INCOME Table 1 STANDARD Table 2   ITEMIZED Table 3   AR1000DGW										
ž											
¥		Tax: (Enter total from Lines 38A and 38B)	•								00
										00	
	41. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form .										00
	42.	TOTAL TAX: (Add Lines 39, 40 and 41)	)						42ı		00
TAX CREDITS	43.	Personal tax credit(s): (Enter total from L	Line 7D, page NR1)			43 ı		00			
	44. State Political Contributions credit: (Attach schedule - AR1800)					44 ı		00			
	45.	45. Other State tax credit(s): [Attach copy of other State return(s)]				45 ı		00	]		
	46.	46. Child care credit(s): (Attach Federal Form 2441 or 1040A, 10% of F			llowed)	46 г		00			
	47.	47. Credit for adoption expenses: (Attach Federal Form 8839, 20% of F			allowed)	47 ı		00			
₹	48. Business and Incentive tax credits: (Attach schedule and certificate).					48 ı		00			
	49.	TOTAL CREDITS: (Add Lines 43 through						49 ı		00	
		NET TAX: (Subtract Line 49 from Line 4	•								00
APPORTIONMENTS		Enter the amount from Line 34, column (						00		•	
	50B, Enter the total amount from Line 34, columns A and B.										
		C. Divide Line 50A by 50B. (See Instruction						_		%	
AP-00		APPORTIONED TAX LIABILITY: (Mul						50D ı		00	
PAYMENTS		Arkansas Income Tax withheld: (Attach Si						00	1	ı	
								00			
	Estimated tax paid or credit brought forward from last year:      Payments made with extension: (See Instructions)							00	1		
	54. Early childhood program: Certification No.:							00			
	(Attach Fed. Form 2441 or 1040A, 20% of Fed. credit allowed and Certi							00			
	55. TOTAL PAYMENTS: (Add Lines 51 through 54).								4		00
		AMOUNT OF OVERPAYMENT/REFUN									00
									_	<u> </u>	00
	57.	Amount to be applied to 1998 estimated	tax:			57 ı		00			
¥		Amount to be applied to 1998 estimated  Amount to be contributed to the AR Disa	[			57 ı   00		00			
X DUE	58.	Amount to be contributed to the AR Disa	aster Relief Fund:58 ı		(	57 ı   00 00		00			
R TAX DUE	58. 59.	Amount to be contributed to the AR Disa Amount to be contributed to U.S. Olympi	aster Relief Fund:58 ı ic Fund:59 ı		(	00			-	©	00
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